

**PATIENT ACKNOWLEDGMENT
AND CONSENT**

Patient name: _____ Date of Procedure: _____

I have received a copy of "Surgical/Procedure Risks" and had the opportunity to talk with my provider about the risks, benefits, potential complications and alternatives to the procedure, and have my questions answered. _____

I understand that my diagnosis is: _____

I have consented to the following procedures under the supervision of Dr. _____

- 1) Performance of _____
- 2) Any other procedures necessary to address conditions that are discovered during the procedure(s) listed above;
- 3) I have been advised by my physician that transfusion of blood or blood products may be needed as part of the treatment plan:
 I do consent to the administration of blood or blood products if ordered by my physician. I have had a chance to read the benefits, risks and alternatives information listed on the back of this form and have had my questions answered.
 I DO NOT consent to the administration of blood or blood products and I do understand the consequences of not receiving blood which may cause increased morbidity, including death.
- 4) Disposal or retention of any tissues removed during the procedure;
- 5) Pictures or videotape being taken during the procedure so long as my identity is not revealed;
- 6) Observers for medical education being present in the operating room;

I have been advised by my physician that transfusion of blood or blood products may be needed as part of the treatment plan. I have had a chance to read the benefits, risks and alternatives information above and have my questions answered.

Signature of Patient or Authorized Representative

Relationship to Patient

Date

Signature of Witness (another individual who is familiar with the identity of the patient)

PROVIDER CERTIFICATION

I certify that I have explained the risks, benefits, potential complications and alternatives; including likely consequences of no treatment and secured informed consent for the performance of this procedure and the administration of blood and/or blood products.

Signature of Provider Obtaining Consent

Date

Consent for Transfusion of Blood Products

Benefits:

Packed Red Cells

Correcting anemia resulting from kidney failure, malignancies, gastrointestinal bleeding, etc
Replacing blood loss from trauma or surgery.
Improving symptoms of shortness of breath, chest pain, and postural low blood pressure when anemia is contributing to these symptoms.

Fresh Frozen Plasma / Cryoprecipitate

Replacing clotting factors in patients with coagulation factor deficiency.
Correcting the effect of Warfarin in preparation for surgery, when a patient is bleeding or is at high risk for bleeding.
Correcting the coagulation factor deficiency in certain patients with diseases if there is a high risk for bleeding.

Platelets

Correcting low platelet counts in patients with certain diseases or during therapy that places the patient at a high risk for bleeding.
Reducing the risk for bleeding in patients undergoing major surgery.
Control bleeding in patients with a low number or malfunctioning platelets.

Risks:

Fever – 1 out of 200
Immunization to WBC's or platelets – 1 out of 100
Hemolytic transfusion reaction – 1 out of 77,000
Delayed reaction (occurs 2 – 14 days after transfusion)

- Hemolytic 1 out of 4,000
- Serologic (mild and usually not clinically important) 1 out of 183

HIV – 1 in 2,135,000
Hepatitis C – 1 in 1,935,000
Hepatitis B – 1 in 205,000
Bacteremia
CHAGAS Disease
West Nile Virus

* **Other Risks** include but are not limited to: allergy, volume overload, electrolyte + coagulation abnormalities, transfusion related Acute Lung Injury (TRALI), etc.
Risk figures from Stramer, Susan L in Arch Pathol Lab Med Vol 131, 702-707 May 2007. Figures may vary according to donor type, product & method of detection.

Alternatives:

No transfusion.
Using your own blood (Autologous transfusion)
*Requires a minimum of 7 days processing time.
Additional blood from the hospital or Red Cross supply may also be required.*
Having family or friends provide the blood.
Has not been shown to be safer than blood from Red Cross supply. Requires a minimum of 7 days processing time.
Using other medication instead of transfusion.
Referral to a Bloodless medicine program.

This form lists the major risks of transfusion, but other risks may exist for you.

If you have any issues or questions, please ask your physician before you sign this form.

SURGICAL/PROCEDURE RISKS

This sheet explains some important general information about procedures which you should read before giving your consent to have any surgery. Your surgeon will give you more detailed information regarding your specific operation.

MEDICAL TERMINOLOGY: Your physician/practitioner can and will explain your proposed procedure(s) using terms which you can understand. Sometimes s/he may use medical terms that are not common words. If you have any questions about what any words may have meant or anything else about the procedure you should ask your physician to explain them until you understand what will be done and why.

RISKS OR SURGERY: All operations carry with them certain risks, including failure to obtain the desired result, discomfort, injury, additional therapy, bleeding, infection and in rare instances, death. You should discuss these risks and any alternatives to the procedure with your surgeon.

UNANTICIPATED CONDITIONS: During the course of an operation conditions may be encountered other than those anticipated before the surgery. A different organ may be found to be the source or cause of symptoms. Your surgeon may be required to perform a different operation than planned because of these unanticipated findings.

BLOOD TRANSFUSIONS: The loss of blood during surgery may make it necessary to administer red blood cells or clotting factors. Your surgeon and anesthesiologist will use their best judgment to make this decision. All blood products used by UCHS are obtained from volunteer donors and are thoroughly tested. Nevertheless, serious reactions, although rare, do occur. These may include fever, allergic reactions, infections (including HIV and Hepatitis), fluid overload, and reduced clotting ability.

TISSUES REMOVED DURING SURGERY: Special doctors at the hospital (pathologists) will examine tissues removed during your surgery. Usually, after examination, the tissue is disposed of in a medically acceptable way. Occasionally tissues are retained for teaching or research purposes.

PICTURES: Photographs and videotapes of your operation and conditions may be taken and used for documentation and education. Your identity is not revealed by the pictures or descriptions accompanying them. Occasionally, closed circuit television transmission of the operation is used for educational purposes.

OBSERVERS: Students, visiting doctors and medical equipment representatives may be present during your surgery for teaching purposes. Your privacy is respected by all who are allowed to be present.

NO GUARANTEES: The practice of medicine and surgery is not an exact science and results cannot always be anticipated. No guarantees can be made to you concerning the course, duration or results of your surgery by your surgeon or anyone else at UCHS.